## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Title:: GLYCEROL AS A PREDICTOR OF

**GLUCOSE TOLERANCE** 

Attorney Docket Number:: WIBL-P02-522

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 17

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Daniel

Family Name:: Gaudet

City of Residence:: Chicoutimi

Country of Residence:: Canada

Street of mailing address:: 315 Chabanel Street

City of mailing address:: Chicoutimi

State or Province of mailing address:: PQ

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: G7H 3SI

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: John

Middle Name:: D.

Family Name:: Rioux

City of Residence:: Cambridge

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 34 Plymouth Street, #3

City of mailing address:: Cambridge

State or Province of mailing address:: MA

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Steve

Family Name:: Arsenault

City of Residence:: Quebec City

Country of Residence:: Canada

Street of mailing address:: 1344 Morille, #201

City of mailing address:: Quebec City

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Country of mailing address:: Canada

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Thomas

Middle Name::

J.

Family Name::

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City of Residence::

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Country of Residence::

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State or Province of mailing address::

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H3Y2S9

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mark

Middle Name::

J.

Family Name::

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City of Residence::

Arlington

State or Province of Residence::

MA

Country of Residence::

US

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02474

# **Correspondence Information**

Correspondence Customer Number::

28120

#### Representative Information

Representative Customer Number::

28120

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/694088	10/20/00
09/694088	An application claiming the benefit under 35 USC 119(e)	60/161141	10/22/99

## **Assignee Information**

Assignee name:: Whitehead Institute for Biomedical Research

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